



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

08/070,099

Filing Date

May 28, 1993

First Named Inventor

Karel Newman

Art Unit

1642

Examiner Name

A. Holleran

Attorney Docket Number

02558P-001910US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Submission of Corrected Drawings; Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Brian W. Poor

Date

July 6, 2005

Reg. No.

32,928

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

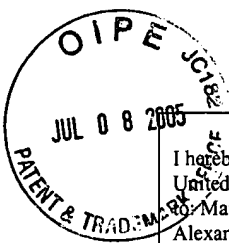
Signature

Typed or printed name

Jennifer M. Smolen

Date

July 6, 2005



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 6, 2005
By: [Signature]

PATENT
Attorney Docket No. 02558P-001910US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

KAREL NEWMAN

Application No.: 08/070,099

Filed: May 28, 1993

For: IMMUNOASSAYS FOR
DETERMINING VITAMIN B12,
AND REAGENTS AND KITS
THEREFOR

Confirmation No.: 8455

Examiner: A. Holleran

Tech. Center/Art Unit: 1642

**SUBMISSION OF CORRECTED
DRAWINGS**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowability mailed on May 11, 2005, as well as in response to the Notice of Draftsperson's Patent Drawing Review mailed on April 4, 2004, enclosed please find one (1) sheet of corrected/replacement formal drawings (Figures 1 and 2) which Applicants submit to be made of record in the above-identified application.

Respectfully submitted,

Dated: 6 July 2005

By: [Signature]
Brian W. Poor
Reg. No. 32,928

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, CA 94111
Telephone: (206) 467-9600
Telefax: (415) 576-0300
BWP/jms
60531133 v1